**EXHIBIT 300**                                                        **UII 029-555555108**

# Exhibit 300: Capital Asset Summary
## Part I: Summary Information And Justification (All Capital Assets)

### Section A: Overview & Summary Information

**Date Investment First Submitted:** 2010-03-19
**Date of Last Change to Activities:** 2012-06-21
**Investment Auto Submission Date:** 2012-02-27
**Date of Last Investment Detail Update:** 2011-09-16
**Date of Last Exhibit 300A Update:** 2012-02-27
**Date of Last Revision:** 2012-06-21

**Agency:** 029 - Department of Veterans Affairs          **Bureau:** 00 - Agency-Wide Activity

**Investment Part Code:** 01

**Investment Category:** 00 - Agency Investments

**1. Name of this Investment:** Medical 21st Century Development Core

**2. Unique Investment Identifier (UII):** 029-555555108

### Section B: Investment Detail

1. **Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

   Medical 21st Century Development Core (MC) provides technology solutions critical to the success of the Veterans Health Care IT System mission to deliver reliable, accessible, and timely health care services to our nation's veterans. MC aligns with, but is not limited to, 4 of 16 cross-cutting Major initiatives (MIs) being developed collaboratively within VA to meet emerging 21st Century challenges: MI#7-New Models of Care (NMOC), MI#8-Enhancing the Veteran Experience and Access to Healthcare (EVEAH), MI#15-Improve the quality of health care while reducing cost (Health Care Efficiency) and MI#16-Transform health care delivery through health informatics (Health Informatics). MC also supports VA/DoD integrated Electronic Health Record (iEHR) requirements. Functionality provided by MC includes: 1) develop an electronic patient health record through conventional and Tele-health based healthcare delivery,2) provide surgery staff the ability to manage patients through the complex surgical process, 3) reduce operational costs and create more streamlined deployment of targeted program areas, standard clinical/business practices, and process for "sunsetting" of specially funded programs, and  4) application of health IT and informatics, ensuring VA regains industry leadership in health information technology; 5) create an Enterprise-level outpatient scheduling application that supports re-engineered appointment processes and a patient-centric view of appointments regardless of location of care. The primary benefit provided by MC is to make service members' transition to civilian life and VA benefits

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seamless. MC's primary beneficiaries are veterans and their families. MC is dependent on the successful completion of the following VA investments: Medical Legacy, Interagency 21st Century - One Vet, Interagency 21st Century Veterans Interoperability, Medical 21st Century – Registries, Interagency 21st Century - Enrollment Systems Redesign (ESR), Corporate Legacy, and Medical Person Services Identity Management (PSIM/ADR) or MPI for patient data.

2. **How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.**

 MC will close in part or in whole identified performance gaps in support of mission delivery and management support. PCMM Reengineering will create a national database to incorporate information about other VA providers who help to co-manage patients. If unfunded, VA will not be able to coordinate care between facilities. Surgery Quality and Workflow Manager (SQWM) will address patient safety/wait times, surgery scheduling efficiency, patient tracking and data availability for national surgery quality programs. If unfunded, patient safety will be at risk and data for surgery complexity surveillance will not be acquired. Emergency Department Integration Software (EDIS) ver. 1 automated a manual white board process found in many emergency departments with an open-view digital log of activities. If unfunded, improvements to performance/stability, security, and Section 508 compliance will not be built. Clinical Flow Management (CFM) will improve inpatient access via a dashboard solution for inpatient flow. If unfunded, internal expertise in flow management will be minimized. Veterans Benefits Handbook will reduce the need for VA staff to interpret benefits for Veterans. If unfunded, subjectivity will continue to confuse Veterans regarding benefits eligibility. Veterans Transportation System (VTS) fosters access to care for veterans in remote areas of the U.S. If unfunded, VA will be unable to meet transportation needs of our increasing Veteran population. Beneficiary Travel will modify standardize/control VA costs through a rigorous monitoring system. If unfunded, a pilot of automated software will not occur. Facility Automation will procure a COTS application to track location of equipment, patients, staff, documents and supplies. If unfunded, tracking efficiencies will not be realized. Non-VA Care assists decisions to utilize non-VA services and apply appropriate tracking. If unfunded, inconsistencies will continue to exist. The Health Management Platform will build an infrastructure that is Team, Patient, and Healthcare System-facing. If unfunded, technology improvements and a common patient access infrastructure will not be built. The Outpatient Scheduling Project will create an Enterprise-level outpatient scheduling application that supports re-engineered appointment processes and a patient-centric view of appointments. If unfunded VA will not address deficiencies in the current VistA legacy system.

3. **Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.**

 PCMM Reengineering began PMAS Planning Phase; SQWM completed PMAS Planning, development and beta testing; EDIS V.1 achieved National Implementation Complete/Full Operating Capability and started V.2; Veterans Benefits Handbook completed Milestone 0, gained PMAS Approval for Increment 1, delivered Increment 1 to Pilot Site (Cleveland), completed initial printing of Handbooks, and started Increment 2; VTS completed PMAS Planning, started Increment 1 with software operating in Pre-Production environment on AITC

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platform ready for testing with first 4 Pilot sites, completed Increment 1 with second phase of "proof of concept" (AITC support on a production environment for the CBO VTS running on Approximately 22 additional sites), and started Increment 2. Health Management Platform completed clinical process gap analysis, delivered first Virtual Implementation of VistA (AViVA) prototype module, delivered second AViVA prototype module, and developed a plan for migrating from CPRS to AViVA.

4.  **Provide a list of planned accomplishments for current year (CY) and budget year (BY).**

In BY: PCMM Reengineering will enhance PCMM reporting records as transmitted to the PCMM central repository. This will improve the quality of national reports in tracking and maintaining accurate and balanced patient-to-provider assignments, for primary care teams and panels at each medical site. In CY: SQWM will begin vendor on-boarding and Planning for prototype and Alpha/Beta Testing. EDIS will begin Stage 3 Release Quality Gate Start Phase. CFM will complete PMAS Planning Phase. Veterans Benefits Handbook-complete Increment 3 (2 Groups). VTS will complete Increment 2. The first increments will start for Beneficiary Travel, Facility Automation and Non-VA Care-Development. Health Management Platform will develop the third and fourth AViVA prototype modules and develop the AViVA Software Development Kit. The Outpatient Scheduling Project will begin efforts to develop a streamlined user interface, data structure and application integration at an enterprise level, and automate business rules.

5.  **Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment.  An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.**

2009-06-10

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**Section C: Summary of Funding (Budget Authority for Capital Assets)**

**1.**

| Table I.C.1 Summary of Funding | | | | |
|---|---|---|---|---|
| | PY-1 & Prior | PY 2011 | CY 2012 | BY 2013 |
| Planning Costs: | $3.9 | $13.2 | $10.0 | $10.0 |
| DME (Excluding Planning) Costs: | $154.8 | $56.4 | $49.0 | $63.6 |
| DME (Including Planning) Govt. FTEs: | $6.7 | $9.0 | $7.0 | $7.1 |
| Sub-Total DME (Including Govt. FTE): | $165.4 | $78.6 | $66.0 | $80.7 |
| O & M Costs: | $14.5 | $3.0 | $18.4 | $15.1 |
| O & M Govt. FTEs: | $0.6 | $0.4 | $1.1 | $1.4 |
| Sub-Total O & M Costs (Including Govt. FTE): | $15.1 | $3.4 | $19.5 | $16.5 |
| Total Cost (Including Govt. FTE): | $180.5 | $82.0 | $85.5 | $97.2 |
| Total Govt. FTE costs: | $7.3 | $9.4 | $8.1 | $8.5 |
| # of FTE rep by costs: | 57 | 72 | 72 | 72 |

| | | | | |
|---|---|---|---|---|
| Total change from prior year final President's Budget ($) | | $14.7 | $23.4 | |
| Total change from prior year final President's Budget (%) | | 21.81% | 37.78% | |

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**2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:**

The MC investment PY and CY funding levels have changed from the FY 2012 President's Budget request due to the addition of projects to support VA/DoD joint iEHR.

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**Section D: Acquisition/Contract Strategy (All Capital Assets)**

### Table I.D.1 Contracts and Acquisition Strategy

| Contract Type | EVM Required | Contracting Agency ID | Procurement Instrument Identifier (PIID) | Indefinite Delivery Vehicle (IDV) Reference ID | IDV Agency ID | Solicitation ID | Ultimate Contract Value ($M) | Type | PBSA ? | Effective Date | Actual or Expected End Date |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Awarded | | V0003 | V200P1750 | 3600 | | | | | | | |
| Awarded | | v0003 | V200P1750 | 3600 | | | | | | | |
| Awarded | | V0003 | V200P1750 | 3600 | | | | | | | |
| Awarded | | V200P1821 | V200P1752 | 3600 | | | | | | | |
| Awarded | | V200P1806 | V200P1751 | 3600 | | | | | | | |
| Awarded | | V200P1824 | V200P1752 | 3600 | | | | | | | |
| Awarded | | V200P1829 | V200P1750 | 3600 | | | | | | | |
| Awarded | | V200P1820 | V200P1751 | 3600 | | | | | | | |
| Awarded | | V200P1819 | V200P1751 | 3600 | | | | | | | |
| Awarded | 3600 | VA798AP0091 | No | 3600 | | | | | | | |
| Awarded | 3600 | VA798A-11-P-0284 | No | 3600 | | | | | | | |
| Awarded | 3600 | VA798100834 | VA798P0013 | 3600 | | | | | | | |
| Awarded | 3600 | VA11811FT001 | VA11811BP0020 | 3600 | | | | | | | |
| Awarded | 3600 | VA11811FH003 | VA11811BP0018 | 3600 | | | | | | | |
| Awarded | 3600 | VA11810F0338 | GS06F0542Z | 4730 | | | | | | | |
| Awarded | 3600 | VA11811FH003 | VA11811BP0018 | 3600 | | | | | | | |
| Awarded | | VA798P0013 | No | 3600 | | | | | | | |
| Awarded | | VA11810F0002 | VA11810BP0010 | 3600 | | | | | | | |

## 2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

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## Exhibit 300B: Performance Measurement Report

### Section A: General Information

**Date of Last Change to Activities:**  2012-06-21

### Section B: Project Execution Data

| Table II.B.1 Projects | | | | | |
|---|---|---|---|---|---|
| **Project ID** | **Project Name** | **Project Description** | **Project Start Date** | **Project Completion Date** | **Project Lifecycle Cost ($M)** |
| 1003230605 | Emergency Department Integration Software (EDIS) - Version 2 | The Emergency Department Integration Software (EDIS) project aims to provide functionality that enables Emergency Department (ED) staff to track patients through the entire emergency-care process. It will provide more timely awareness to ED staff on patients care status and related events, which will result in improvements in the management of care delivery, patient safety, and resource utilization. It also provides structured support for the steps in patient care, resulting in improved adherence to standardized processes for EDs across VA. | | | |
| 1003240605 | Surgery Quality and Workflow Manager (SQWM) | The Surgery Quality and Workflow Manager (SQWM) project aims to deliver functionality that will benefit veterans by implementing a COTS SQWM software tool which will allow the tracking of surgery | | | |

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| Table II.B.1 Projects | | | | | |
|---|---|---|---|---|---|
| **Project ID** | **Project Name** | **Project Description** | **Project Start Date** | **Project Completion Date** | **Project Lifecycle Cost ($M)** |
| | | patients through the pre-surgical process, scheduling of surgery, and the peri-operative period. | | | |
| 1010210603 | Primary Care Management Module (PCMM) Rehost_Reengineering | This project will improve Primary Care Management Module (PCMM) by create a National PCMM system to ensure patients are managed within a primary care system rather than local primary care services. The creation of a national database that would help eliminate 100,000+ duplicate Primary Care Provider Assignments, eliminate the need to transmit VistA PCMM data to Austin (CFD), and facilitate providers ability to co-manage patients (coordination of care between facilities). | | | |
| 1101060604 | Beneficiary Travel Enhancement | The Beneficiary Travel enhancementswill provide more accurate and less burdensome delivery of beneficiary travel benefit services to Veterans, better meet the reporting needs of the Department of Veterans Affairs (VA) (Central Office and field) and Congress, and reducing potential fraud, waste, and abuse. | | | |
| 1101060605 | Non-VA Care - Claims Processing | Help improve the delivery, management and oversight of Non-VA health care services, specifically authorization & justification of such Non-VA care resulting in reduction of fraud, waste and abuse. | | | |
| 1101130606 | Veterans Benefit Handbook | Develop a new Veteran specific Member Benefits Handbook. This handbook will be developed to be available online, and a print version will be delivered to Veterans' homes. | | | |

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| Table II.B.1 Projects | | | | | |
|---|---|---|---|---|---|
| **Project ID** | **Project Name** | **Project Description** | **Project Start Date** | **Project Completion Date** | **Project Lifecycle Cost ($M)** |
| 1101130607 | Health Management Platform | The VHA transformational initiative Transforming Health Care Delivery through Health Informatics, will shape the future of VHA clinical information systems through deliberate application of health IT and informatics to deliver solutions that transform health care delivery. The projectwill support establishment of cross-cutting health informatics tools designed by health professionals to optimize performance in terms of quality, efficiency and increased job satisfaction; to encourage and facilitate increased patient and family engagement in care and decision-making; and support population and evidence-based care focused on preventive and chronic disease management. In FY12, the Initiative will continue to develop the infrastructure / framework to support a predominantly web-based Electronic Health Management Platform plus an AViVA Software Development Kit - enabling contributions from other software development sources. Additionally, it will establish a sustainable workforce capacity to support healthcare modernization and improved care delivery. The workforce capacities component will build on agency successes with continued development of informatics career paths, curriculum, delivery of coursework and improved coordination and communication strategies amongst VA Health Informaticists. | | | |

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| Table II.B.1 Projects | | | | | |
|---|---|---|---|---|---|
| **Project ID** | **Project Name** | **Project Description** | **Project Start Date** | **Project Completion Date** | **Project Lifecycle Cost ($M)** |
| 1101130609 | Patient Advocacy Database | The Department of Veterans Affairs (VA) home page and all major entry point webpages provide links to Contact VA. When users click on the Contact VA link, they are routed to the Inquiry Routing & Information System (IRIS). Veterans and other website visitors enter inquiries (questions, complaints, compliments, and suggestions) into the IRIS system. These are then routed throughout VA to all VA Medical Centers (VAMCs), Veterans Integrated Service Network (VISN) offices, Regional Offices, National Cemetery Administration (NCA) offices, and many Program Offices in VA Central Office (VACO). IRIS runs on a Secure Socket Layer (SSL), enabling an encrypted connection between the Veteran and VA. Medical centers usually assign the IRIS response and tracking process to Patient Advocates at their respective locations. Since Patient Advocates also record patient interaction in the Patient Advocate Tracking System (PATS), some measure of duplication between systems occurs. This New Service Request (NSR) seeks an automated process by which any duplicate fields in PATS can be filled with information already entered into the IRIS. | | | |
| 1101130610 | Veterans Transportation Service (VTS) | Supplement existing benefits and programs by providing Veterans with the most convenient and timely access to transportation services. Establish a network of | | | |

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| | | | | | |
|---|---|---|---|---|---|
| <td colspan="6" align="center">**Table II.B.1 Projects**</td> |
| **Project ID** | **Project Name** | **Project Description** | **Project Start Date** | **Project Completion Date** | **Project Lifecycle Cost ($M)** |
| | | transportation service providers that could include Veteran Service Organizations (VSOs); community and commercial transportation providers; federal, state and local government transportation services as well as non-profits, such as United We Ride, operating within each Veterans Integrated Service Network (VISN) or even local facility. | | | |
| 1101130611 | Public Quality and Safety Website (PQSW) | Public Quality and Safety Website provides VHAs quality and safety data in a useful and understandable manner for the Veteran, their families, and the public. Website information will help create advocates for VA healthcare, increase trust among our enrollees, and promote improved healthcare behaviors and decision making. | | | |
| 1103110603 | Research Administrative Management System (RAMS) | Aims to improve the efficiency, performance, and transparency of the national VA Research program by implementing an enterprise-wide Research Administrative Management System (RAMS). The RAMS project includes the development of a single front-end web-based data management and reporting application and centralized database to support fieldresearch offices, Office of Research and Development (ORD) and VA Central Office(VACO). RAMS will support the major business functions of the research offices and provide a common database for tracking and reporting of research program data. | | | |

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| | Table II.B.1 Projects | | | | |
|---|---|---|---|---|---|
| Project ID | Project Name | Project Description | Project Start Date | Project Completion Date | Project Lifecycle Cost ($M) |
| 1109120965 | Point of Care Research (POC-R) | The goal of the project is to deliver state of the art medical care to veterans and to simultaneously enroll them into trials that study and ultimately redefine that care. The implementation of a first pilot study has demonstrated that VistA can indeed be customized to identify, enroll and randomize patients and serve as the source of data. Over the course of the next three years, the pilot will be expanded, a full ORD research program will be developed, and new POC trials will be initiated at more than 50 VA Medical Centers across the country. | | | |
| 1109140770 | SPS Scope Action Plan (ISO-9001)- PRISM iQMS | Due to Congressional, GAO (Government Accountability Office) and OIG (Office of Inspector General)safety concerns about reusable medical equipment incidences, VA has decided to implement ISO-9001 standards and quality management systems within all Sterile Processing Department (SPD) and Reusable Medical Equipment (RME) depts. In order to provide the enterprise record infrastructure for management review of the ISO-9001 Quality Management System (QMS), an integrated QMS software COTS (Commercial off the shelf) product is needed to quickly provide this functionality. | | | |
| 1109190861 | Portfolio Classification and Reporting Tool (PCRT) | The Veterans Affairs Office of Research and Development (VA ORD) recognizes the importance of research portfolio analysis to its research mission and its | | | |

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| | | Table II.B.1 Projects | | | |
|---|---|---|---|---|---|
| **Project ID** | **Project Name** | **Project Description** | **Project Start Date** | **Project Completion Date** | **Project Lifecycle Cost ($M)** |
| | | service to veterans. Being able to analyze Veterans Affairs (VA)-funded research projects against the projects of other government funding bodies, principally the National Institutes of Health (NIH), is critical to the VAs ability to effectively manage and measure its research portfolio. For a more detailed, repeatable, efficient, and transparent categorization of VA projects, the Portfolio Classification and Reporting Tool (PCRT) will use the NIH Research, Condition, and Disease Categorization (RCDC) framework, enabling the VA ORD Central Office to create VA-defined categories focusing on areas of particular importance to the VAs care of and service to veterans. | | | |
| 1101060603 | Real Time Location System (RTLS) National Middleware Data Repository (NMDR) | Develops enterprise-level standards and delivers core foundational IT services and capabilities to enable RTLS. RTLS services provide real-time location information for the optimization of mobile assets, allowing sites to manage patient and customer flow, assets and staff to improve quality of care and service delivery. | | | |
| 1110070905 | Enterprise Mobile Applications | The goal of the Enterprise Mobile Application project is to provide the Department of Veterans Affairs (VA) with a mobile applications development and production environment to leverage mobile devices for expanding the number and quality of services provided to | | | |

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| Table II.B.1 Projects | | | | | |
|---|---|---|---|---|---|
| Project ID | Project Name | Project Description | Project Start Date | Project Completion Date | Project Lifecycle Cost ($M) |
| | | Veterans. Application will reduceapplication development time, improve code quality, reduce risk to source systems, reduce application cost, and provide objective metrics regarding code quality. | | | |

| Activity Summary | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Roll-up of Information Provided in Lowest Level Child Activities | | | | | | | | |
| Project ID | Name | Total Cost of Project Activities ($M) | End Point Schedule Variance (in days) | End Point Schedule Variance (%) | Cost Variance ($M ) | Cost Variance (%) | Total Planned Cost ($M) | Count of Activities |
| 1003230605 | Emergency Department Integration Software (EDIS) - Version 2 | | | | | | | |
| 1003240605 | Surgery Quality and Workflow Manager (SQWM) | | | | | | | |
| 1010210603 | Primary Care Management Module (PCMM) Rehost_Reengineering | | | | | | | |
| 1101060604 | Beneficiary Travel Enhancement | | | | | | | |
| 1101060605 | Non-VA Care - Claims Processing | | | | | | | |
| 1101130606 | Veterans Benefit Handbook | | | | | | | |
| 1101130607 | Health Management Platform | | | | | | | |
| 1101130609 | Patient Advocacy Database | | | | | | | |
| 1101130610 | Veterans | | | | | | | |

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| | | Activity Summary | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Roll-up of Information Provided in Lowest Level Child Activities | | | | | | |
| Project ID | Name | Total Cost of Project Activities ($M) | End Point Schedule Variance (in days) | End Point Schedule Variance (%) | Cost Variance ($M ) | Cost Variance (%) | Total Planned Cost ($M) | Count of Activities |
| | Transportation Service (VTS) | | | | | | | |
| 1101130611 | Public Quality and Safety Website (PQSW) | | | | | | | |
| 1103110603 | Research Administrative Management System (RAMS) | | | | | | | |
| 1109120965 | Point of Care Research (POC-R) | | | | | | | |
| 1109140770 | SPS Scope Action Plan (ISO-9001)- PRISM  iQMS | | | | | | | |
| 1109190861 | Portfolio Classification and Reporting Tool (PCRT) | | | | | | | |
| 1101060603 | Real Time Location System (RTLS) National Middleware Data Repository (NMDR) | | | | | | | |
| 1110070905 | Enterprise Mobile Applications | | | | | | | |

| | | | Key Deliverables | | | | | |
|---|---|---|---|---|---|---|---|---|
| Project Name | Activity Name | Description | Planned Completion Date | Projected Completion Date | Actual Completion Date | Duration (in days) | Schedule Variance (in days ) | Schedule Variance (%) |
| 1110070905 | M:  Planning State Completed | Project Planning | 2012-03-30 | 2012-05-30 | | 58 | -154 | -265.52% |
| 1101060603 | Planning End | Project Management and the development of PMAS required artifacts. | 2012-04-30 | 2012-05-17 | | 851 | -123 | -14.45% |

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**Section C: Operational Data**

| Table II.C.1 Performance Metrics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Metric Description | Unit of Measure | FEA Performance Measurement Category Mapping | Measurement Condition | Baseline | Target for PY | Actual for PY | Target for CY | Reporting Frequency |
| Each Project in this investment will measure the number of planned project customer acceptances/sign-off against the number of actual project customer acceptances/sign-off in accordance with the Program Management and Accountability System (PMAS). The project totals for customer acceptance/sign-off will be reported as a percentage for the investment as a whole. | Percentage | Process and Activities - Quality | Over target | 95.000000 | 95.000000 | 95.000000 | 99.000000 | Semi-Annual |
| Due to the omnibus nature of this investment, it is critical to track and ensure reporting contribution by all projects to the public-facing monthly IT Dashboard update for actual cost, schedule, performance and acquisition execution. This metric will measure the percentage of investment projects reporting monthly. | Percentage | Technology - Information and Data | Over target | 98.000000 | 98.000000 | 98.000000 | 100.000000 | Monthly |

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| Table II.C.1 Performance Metrics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Metric Description | Unit of Measure | FEA Performance Measurement Category Mapping | Measurement Condition | Baseline | Target for PY | Actual for PY | Target for CY | Reporting Frequency |
| Each project comprising this investment is responsible for timely execution of its allocated FY budget to fulfill Agency mission and goals for budget forcasting and execution. This metric will measure 100% of the investment's planned FY budget execution against the percentage of the investment's actual FY budget execution. | Percentage | Mission and Business Results - Support Delivery of Services | Over target | 95.000000 | 95.000000 | 95.000000 | 100.000000 | Quarterly |
| Each Project in this investment will measure the number of planned customer-facing deliverables per increment against the number of actual customer-facing deliverables per increment in accordance with the Program Management and Accountability System (PMAS). The project totals for customer-facing increment deliverables will be reported as a percentage for the investment as a whole. | Percentage | Customer Results - Timeliness and Responsiveness | Over target | 98.000000 | 98.000000 | 98.000000 | 100.000000 | Semi-Annual |
| Each Project in this investment will | Average/Number | Process and Activities - Cycle Time and | Under target | 130.000000 | 130.000000 | 130.000000 | 130.000000 | Semi-Annual |

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| Table II.C.1 Performance Metrics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Metric Description | Unit of Measure | FEA Performance Measurement Category Mapping | Measurement Condition | Baseline | Target for PY | Actual for PY | Target for CY | Reporting Frequency |
| measure the planned business days for increment delivery against the number of actual business days for increment delivery in accordance with the Program Management and Accountability System (PMAS). The project totals for business days per increment delivery will be reported as an average number of business days for the investment as a whole. | | Timeliness | | | | | | |